NPHPSP

National Public Health Performance Standards Program

Local Public Health System Performance Assessment

Report of Results

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Local Public Health System Performance Assessment Report of Results

A. The NPHPSP Report of Results

I. INTRODUCTION

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

The NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/OCPHP)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

This report provides a summary of results from the NPHPSP Local Public Health System Assessment (OMB Control number 0920-0555, expiration date: August 31, 2010). The report, including the charts, graphs, and scores, are intended to help sites gain a good understanding of their performance and move on to the next step in strengthening their public system.

II. ABOUT THE REPORT

Calculating the scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local Instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard – which portrays the highest level of performance or "gold standard" – is being met.

Sites responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, model standard, Essential Service, and one overall score. The scoring methodology is available from CDC or can be accessed on-line at http://www.cdc.gov/od/ocphp/nphpsp/Conducting.htm.

Understanding data limitations

Respondents to the self-assessment should understand what the performance scores represent and potential data limitations. All performance scores are a composite; stem question scores represent a composite of the stem question and subquestion responses; model standard scores are a composite of the question scores within that area, and so on. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which can be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes can differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for guiding an overall public health infrastructure and performance improvement process for the public health system. These data represent the collective performance of all organizational participants in the assessment of the local public health system. The data and results should not be interpreted to reflect the capacity or performance of any single agency or organization.

Presentation of results

The NPHPSP has attempted to present results – through a variety of figures and tables – in a user-friendly and clear manner. Results are presented in Rich Text Format (RTF), which allows users to easily copy and paste or edit the report for their own customized purposes. Original responses to all questions are also available.

For ease of use, many figures in tables use short titles to refer to Essential Services, model standards, and questions. If in doubt of the meaning, please refer to the full text in the assessment instruments.

Sites may choose to complete two optional questionnaires – one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving the model standard. Sites that submit responses for these questionnaires will see the results included as an additional component of their reports. Recipients of the priority results section may find that the scatter plot figures include data points that overlap. This is unavoidable when presenting results that represent similar data; in these cases, sites may find that the table listing of results will more clearly show the results found in each quadrant.

III. TIPS FOR INTERPRETING AND USING NPHPSP ASSESSMENT RESULTS

The use of these results by respondents to strengthen the public health system is the most important part of the performance improvement process that the NPHPSP is intended to promote. Report data may be used to identify strengths and weaknesses within the local public health system and pinpoint areas of performance that need improvement. The NPHPSP User Guide describes steps for using these results to develop and implement public health system performance improvement plans. Implementation of these plans is critical to achieving a higher performing public health system. Suggested steps in developing such improvement plans are:

1. Organize Participation for Performance Improvement
2. Prioritize Areas for Action
3. Explore "Root Causes" of Performance Problems
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

Refer to the User Guide section, "After We Complete the Assessment, What Next?" for details on the above steps.

Assessment results represent the collective performance of all entities in the local public health system and not any one organization. Therefore, system partners should be involved in the discussion of results and improvement strategies to assure that this information is appropriately used. The assessment results can drive improvement planning within each organization as well as system-wide. In addition, coordinated use of the Local Instrument with the Governance Instrument or state-wide use of the Local Instrument can lead to more

successful and comprehensive improvement plans to address more systemic statewide issues.

Although respondents will ultimately want to review these results with stakeholders in the context of their overall performance improvement process, they may initially find it helpful to review the results either individually or in a small group. The following tips may be helpful when initially reviewing the results, or preparing to present the results to performance improvement stakeholders.

Examine performance scores

First, sites should take a look at the overall or composite performance scores for Essential Services and model standards. These scores are presented visually in order by Essential Service (Figure 1) and in descending order (Figure 2). Additionally, Figures 3 and 5 use color designations to indicate performance level categories. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses.

Review the range of scores within each Essential Service and model standard

The Essential Service score is an average of the model standard scores within that service, and, in turn, the model standard scores represent the average of stem question scores for that standard. If there is great range or difference in scores, focusing attention on the model standard(s) or questions with the lower scores will help to identify where performance inconsistency or weakness may be. Some figures, such as the bar charts in Figure 4, provide "range bars" which indicate the variation in scores. Looking for long range bars will help to easily identify these opportunities.

Also, refer back to the original question responses to determine where weaknesses or inconsistencies in performance may be occurring. By examining the assessment questions, including the subquestions and discussion toolbox items, participants will be reminded of particular areas of concern that may most need attention.

Consider the context

The NPHPSP User Guide and other technical assistance resources strongly encourage responding jurisdictions to gather and record qualitative input from participants throughout the assessment process. Such information can include insights that shaped group responses, gaps that were uncovered, solutions to identified problems, and impressions or early ideas for improving system performance. This information should have emerged from the general discussion of the model standards and assessment questions, as well as the responses to discussion toolbox topics.

The results viewed in this report should be considered within the context of this qualitative information, as well as with other information. The assessment report, by itself, is not intended to be the sole "roadmap" to answer the question of what a local public health system's performance improvement priorities should be. The original purpose of the assessment, current issues being addressed by the community, and the needs and interests for all stakeholders should be considered.

Some sites have used a process such as Mobilizing for Action through Planning and Partnerships (MAPP) to address their NPHPSP data within the context of other community issues. In the MAPP process, local users consider the NPHPSP results in addition to three other assessments – community health status, community themes and strengths, and forces of change – before determining strategic issues, setting priorities, and developing action

plans. See "Resources for Next Steps" for more about MAPP.

Use the optional priority rating and agency contribution questionnaire results

Sites may choose to complete two optional questionnaires – one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving of the model standard. The supplemental priority questionnaire, which asks about the priority of each model standard to the public health system, should guide sites in considering their performance scores in relationship to their own system's priorities. The use of this questionnaire can guide sites in targeting their limited attention and resources to areas of high priority but low performance. This information should serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

The second questionnaire, which asks about the contribution of the public health agency to each model standard, can assist sites in considering the role of the agency in performance improvement efforts. Sites that use this component will see a list of questions to consider regarding the agency role and as it relates to the results for each model standard. These results may assist the local health department in its own strategic planning and quality improvement activities.

IV. FINAL REMARKS

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.

B. Performance Assessment Instrument Results

I. How well did the system perform the ten Essential Public Health Services (EPHS)?

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS		Score
1	Monitor Health Status to Identify Community Health Problems	51
2	Diagnose and Investigate Health Problems and Health Hazards	84
3	Inform, Educate, and Empower People about Health Issues	50
4	Mobilize Community Partnerships to Identify and Solve Health Problems	37
5	Develop Policies and Plans that Support Individual and Community Health Efforts	68
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	67
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	47
8	Assure a Competent Public and Personal Health Care Workforce	43
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	42
10	Research for New Insights and Innovative Solutions to Health Problems	43
Overall Performance Score		53

Figure 1: Summary of EPHS performance scores and overall score (with range)

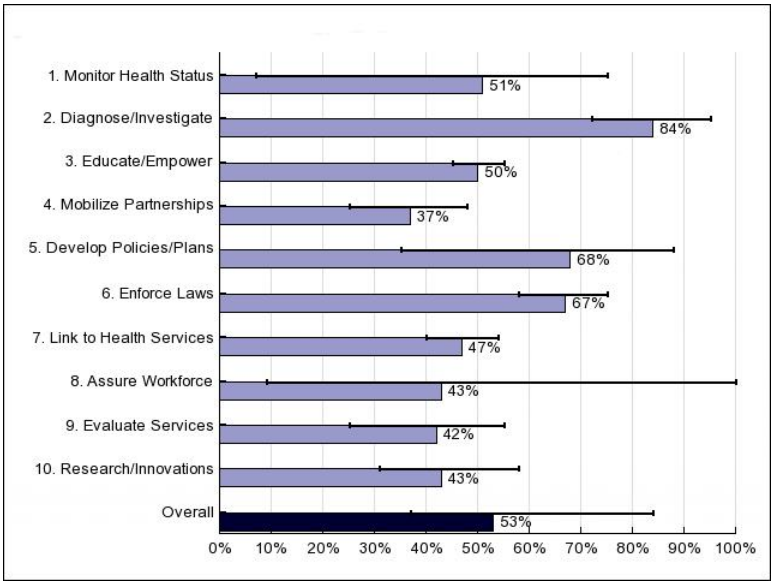


Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (absolutely no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 1 (above) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score. Areas of wide range may warrant a closer look in **Figure 4** or the raw data.

Figure 2: Rank ordered performance scores for each Essential Service

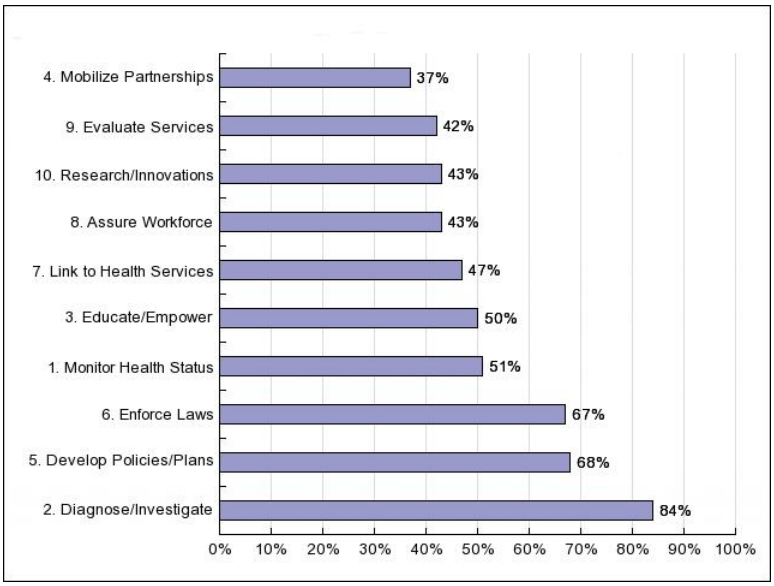


Figure 3: Rank ordered performance scores for each Essential Service, by level of activity

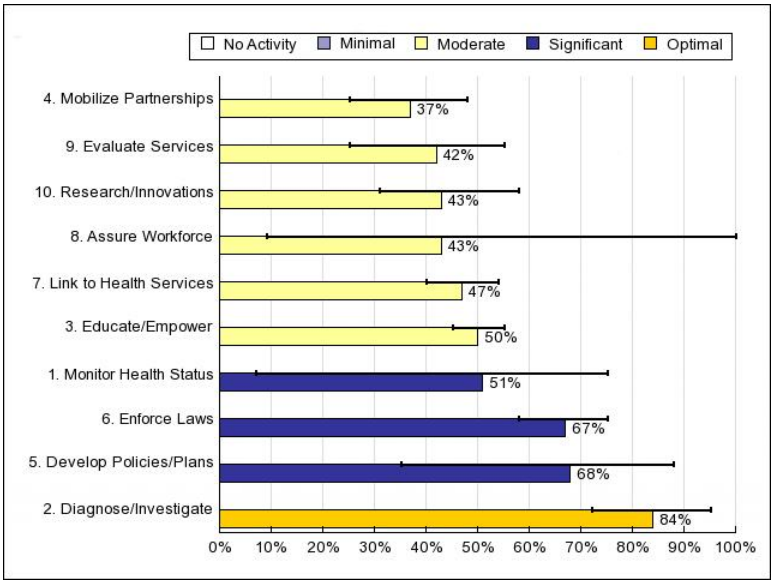


Figure 2 (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Figure 3 (above) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

Figure 4 (next page) shows scores for each model standard. Sites can use these graphs to pinpoint specific activities within the Essential Service that may need a closer look. Note these scores also have range bars, showing sub-areas that comprise the model standard.

II. How well did the system perform on specific model standards?

Figure 4: Performance scores for each model standard, by Essential Service

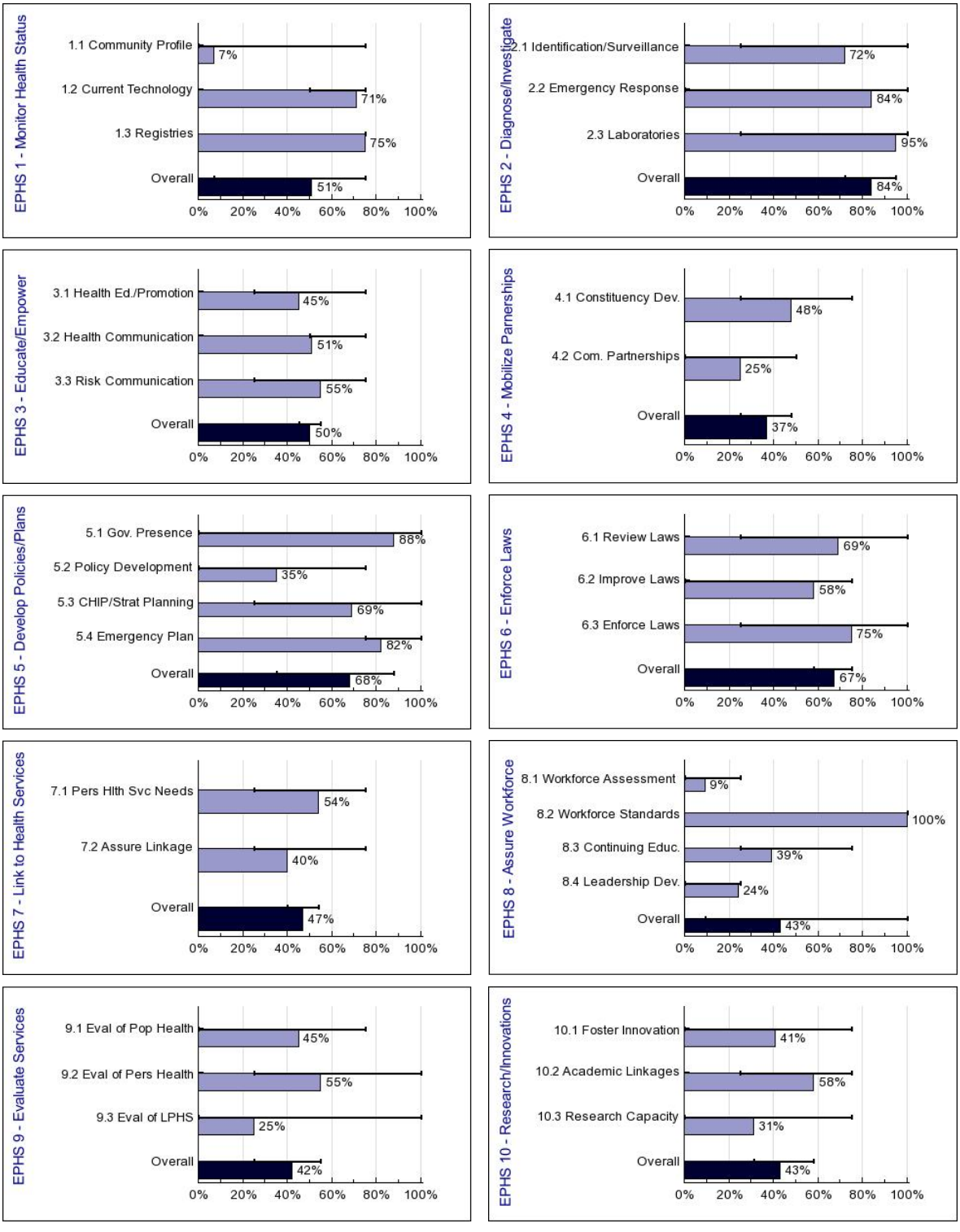


Table 2: Summary of performance scores by Essential Public Health Service (EPHS) and model standard

Essential Public Health Service	Score
EPHS 1. Monitor Health Status To Identify Community Health Problems	51
1.1 Population-Based Community Health Profile (CHP)	7
1.1.1 Community health assessment	25
1.1.2 Community health profile (CHP)	0
1.1.3 Community-wide use of community health assessment or CHP data	0
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	71
1.2.1 State-of-the-art technology to support health profile databases	75
1.2.2 Access to geocoded health data	75
1.2.3 Use of computer-generated graphics	75
1.3 Maintenance of Population Health Registries	75
1.3.1 Maintenance of and/or contribution to population health registries	75
1.3.2 Use of information from population health registries	75
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	84
2.1 Identification and Surveillance of Health Threats	72
2.1.1 Surveillance system(s) to monitor health problems and identify health threats	50
2.1.2 Submission of reportable disease information in a timely manner	100
2.1.3 Resources to support surveillance and investigation activities	25
2.2 Investigation and Response to Public Health Threats and Emergencies	84
2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	100
2.2.2 Current epidemiological case investigation protocols	100
2.2.3 Designated Emergency Response Coordinator	100
2.2.4 Rapid response of personnel in emergency / disasters	50
2.2.5 Evaluation of public health emergency response	100
2.3 Laboratory Support for Investigation of Health Threats	95
2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs	100
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies	100
2.3.3 Licenses and/or credentialed laboratories	100
2.3.4 Maintenance of guidelines or protocols for handling laboratory samples	100
EPHS 3. Inform, Educate, And Empower People about Health Issues	50
3.1 Health Education and Promotion	45
3.1.1 Provision of community health information	25
3.1.2 Health education and/or health promotion campaigns	50
3.1.3 Collaboration on health communication plans	50
3.2 Health Communication	51
3.2.1 Development of health communication plans	50
3.2.2 Relationships with media	50
3.2.3 Designation of public information officers	50
3.3 Risk Communication	55
3.3.1 Emergency communications plan(s)	75
3.3.2 Resources for rapid communications response	50
3.3.3 Crisis and emergency communications training	50
3.3.4 Policies and procedures for public information officer response	50

EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	37
4.1 Constituency Development	48
4.1.1 Identification of key constituents or stakeholders	50
4.1.2 Participation of constituents in improving community health	50
4.1.3 Directory of organizations that comprise the LPHS	50
4.1.4 Communications strategies to build awareness of public health	50
4.2 Community Partnerships	25
4.2.1 Partnerships for public health improvement activities	50
4.2.2 Community health improvement committee	0
4.2.3 Review of community partnerships and strategic alliances	25
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	68
5.1 Government Presence at the Local Level	88
5.1.1 Governmental local public health presence	100
5.1.2 Resources for the local health department	75
5.1.4 LHD work with the state public health agency and other state partners	100
5.2 Public Health Policy Development	35
5.2.1 Contribution to development of public health policies	50
5.2.2 Alert policymakers/public of public health impacts from policies	50
5.2.3 Review of public health policies	0
5.3 Community Health Improvement Process	69
5.3.1 Community health improvement process	100
5.3.2 Strategies to address community health objectives	75
5.3.3 Local health department (LHD) strategic planning process	75
5.4 Plan for Public Health Emergencies	82
5.4.1 Community task force or coalition for emergency preparedness and response plans	75
5.4.2 All-hazards emergency preparedness and response plan	75
5.4.3 Review and revision of the all-hazards plan	100
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	67
6.1 Review and Evaluate Laws, Regulations, and Ordinances	69
6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances	25
6.1.2 Knowledge of laws, regulations, and ordinances	75
6.1.3 Review of laws, regulations, and ordinances	75
6.1.4 Access to legal counsel	100
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	58
6.2.1 Identification of public health issues not addressed through existing laws	50
6.2.2 Development or modification of laws for public health issues	75
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances	50
6.3 Enforce Laws, Regulations and Ordinances	75
6.3.1 Authority to enforce laws, regulation, ordinances	100
6.3.2 Public health emergency powers	100
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances	75
6.3.4 Provision of information about compliance	75
6.3.5 Assessment of compliance	50
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	47
7.1 Identification of Populations with Barriers to Personal Health Services	54
7.1.1 Identification of populations who experience barriers to care	75
7.1.2 Identification of personal health service needs of populations	50

7.1.3 Assessment of personal health services available to populations who experience barriers to care	50
7.2 Assuring the Linkage of People to Personal Health Services	40
7.2.1 Link populations to needed personal health services	50
7.2.2 Assistance to vulnerable populations in accessing needed health services	25
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	25
7.2.4 Coordination of personal health and social services	50
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	43
8.1 Workforce Assessment Planning, and Development	9
8.1.1 Assessment of the LPHS workforce	0
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	25
8.1.3 Dissemination of results of the workforce assessment / gap analysis	0
8.2 Public Health Workforce Standards	100
8.2.1 Awareness of guidelines and/or licensure/certification requirements	100
8.2.2 Written job standards and/or position descriptions	100
8.2.3 Annual performance evaluations	100
8.2.4 LHD written job standards and/or position descriptions	100
8.2.5 LHD performance evaluations	100
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	39
8.3.1 Identification of education and training needs for workforce development	50
8.3.2 Opportunities for developing core public health competencies	50
8.3.3 Educational and training incentives	25
8.3.4 Interaction between personnel from LPHS and academic organizations	25
8.4 Public Health Leadership Development	24
8.4.1 Development of leadership skills	25
8.4.2 Collaborative leadership	25
8.4.3 Leadership opportunities for individuals and/or organizations	25
8.4.4 Recruitment and retention of new and diverse leaders	25
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	42
9.1 Evaluation of Population-based Health Services	45
9.1.1 Evaluation of population-based health services	25
9.1.2 Assessment of community satisfaction with population-based health services	25
9.1.3 Identification of gaps in the provision of population-based health services	50
9.1.4 Use of population-based health services evaluation	75
9.2 Evaluation of Personal Health Care Services	55
9.2.1. Personal health services evaluation	50
9.2.2 Evaluation of personal health services against established standards	100
9.2.3 Assessment of client satisfaction with personal health services	25
9.2.4 Information technology to assure quality of personal health services	75
9.2.5 Use of personal health services evaluation	25
9.3 Evaluation of the Local Public Health System	25
9.3.1 Identification of community organizations or entities that contribute to the EPHS	100
9.3.2 Periodic evaluation of LPHS	0
9.3.3 Evaluation of partnership within the LPHS	0
9.3.4 Use of LPHS evaluation to guide community health improvements	0
EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	43
10.1 Fostering Innovation	41
10.1.1 Encouragement of new solutions to health problems	75
10.1.2 Proposal of public health issues for inclusion in research agenda	0

10.1.3 Identification and monitoring of best practices	75
10.1.4 Encouragement of community participation in research	25
10.2 Linkage with Institutions of Higher Learning and/or Research	58
10.2.1 Relationships with institutions of higher learning and/or research organizations	75
10.2.2 Partnerships to conduct research	25
10.2.3 Collaboration between the academic and practice communities	75
10.3 Capacity to Initiate or Participate in Research	31
10.3.1 Access to researchers	75
10.3.2 Access to resources to facilitate research	50
10.3.3 Dissemination of research findings	0
10.3.4 Evaluation of research activities	0

III. Overall, how well is the system achieving optimal activity levels?

Figure 5: Percentage of Essential Services scored in each level of activity

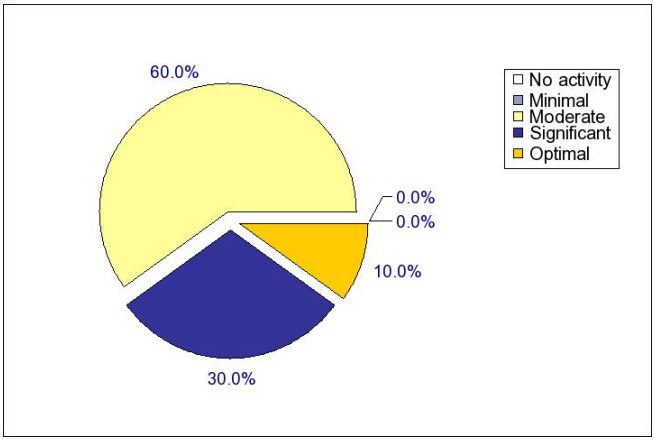


Figure 5 displays the percentage of the system's Essential Services scores that falls within the five activity categories. This chart provides the site with a high level snapshot of the information found in **Figure 3**.

Figure 6: Percentage of model standards scored in each level of activity

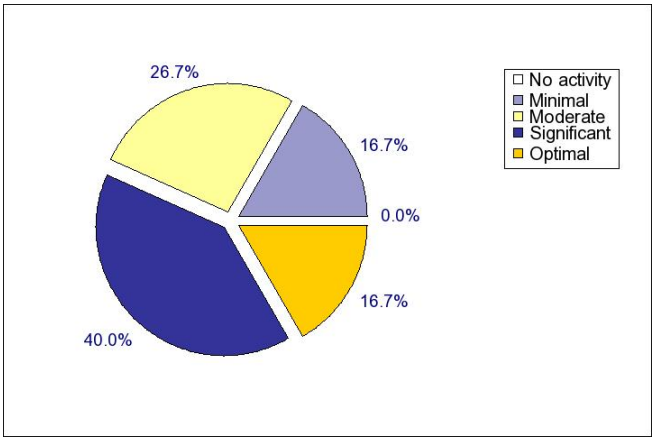


Figure 6 displays the percentage of the system's model standard scores that falls within the five activity categories.

Figure 7: Percentage of all questions scored in each level of activity

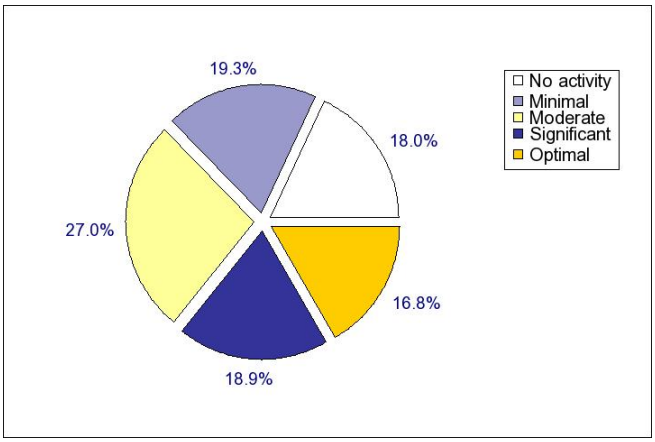


Figure 7 displays the percentage of all scored questions that falls within the five activity categories. This breakdown provides a closer snapshot of the system's performance, showing variation that may be masked by the scores in **Figures 5** and **6**.

C. Optional Priority Rating Results

What are potential areas for attention, based on the priority ratings and performance scores?

Tables 3 and **4** show priority ratings (as rated by participants on a 1-10 scale, with 10 being the highest) and performance scores for Essential Services and model standards, arranged under the four quadrants in **Figures 8** and **9**, which follow the tables. The four quadrants, which are based on how the performance of each Essential Service and/or model standard compares with the priority rating, should provide guidance in considering areas for attention and next steps for performance improvement.

Table 3: Essential Service by priority rating and performance score, with areas for attention

Essential Service	Priority Rating	Performance Score (level of activity)
Quadrant I (High Priority/Low Performance) – These important activities may need increased attention.		
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	10	47 (Moderate)
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	10	42 (Moderate)
Quadrant II (High Priority/High Performance) – These activities are being done well, and it is important to maintain efforts.		
Quadrant III (Low Priority/High Performance) – These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
2. Diagnose And Investigate Health Problems and Health Hazards	9	84 (Optimal)
Quadrant IV (Low Priority/Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.		
1. Monitor Health Status To Identify Community Health Problems	9	51 (Significant)
3. Inform, Educate, And Empower People about Health Issues	9	50 (Moderate)
4. Mobilize Community Partnerships to Identify and Solve Health Problems	9	37 (Moderate)
5. Develop Policies and Plans that Support Individual and Community Health Efforts	9	68 (Significant)
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	9	67 (Significant)
8. Assure a Competent Public and Personal Health Care Workforce	9	43 (Moderate)
10. Research for New Insights and Innovative Solutions to Health Problems	9	43 (Moderate)

Table 4: Model standards by priority and performance score, with areas for attention

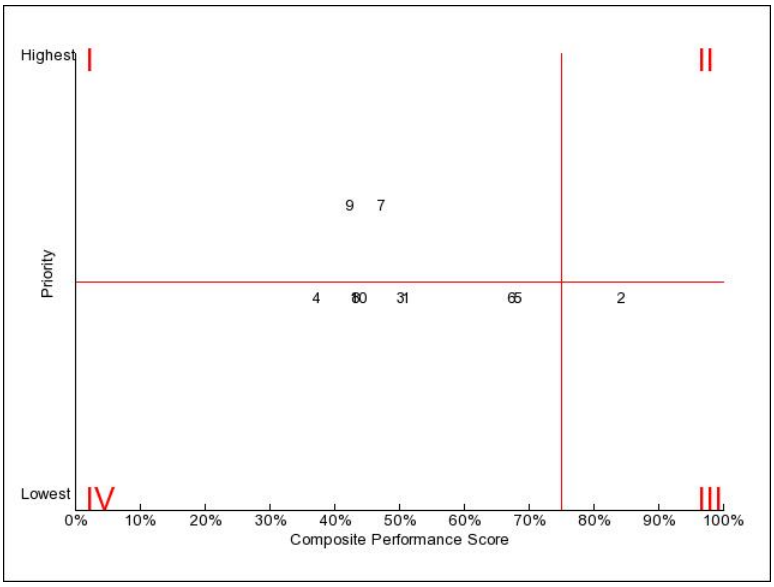
Model Standard	Priority Rating	Performance Score (Level of Activity)
Quadrant I (High Priority/Low Performance) – These important activities may need increased attention.		
1.1 Population-Based Community Health Profile (CHP)	10	7 (Minimal)
3.1 Health Education and Promotion	10	45 (Moderate)
4.2 Community Partnerships	10	25 (Minimal)
5.3 Community Health Improvement Process and Strategic Planning	10	69 (Significant)
7.1 Identification of Personal Health Service Needs of Populations	10	54 (Significant)
7.2 Assuring the Linkage of People to Personal Health Services	10	40 (Moderate)
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	10	39 (Moderate)
9.1 Evaluation of Population-Based Health Services	10	45 (Moderate)
9.2 Evaluation of Personal Health Services	10	55 (Significant)
10.2 Linkage with Institutions of Higher Learning and/or Research	10	58 (Significant)
Quadrant II (High Priority/High Performance) – These activities are being done well, and it is important to maintain efforts.		
5.4 Plan for Public Health Emergencies	10	82 (Optimal)
Quadrant III (Low Priority/High Performance) – These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
2.2 Investigation and Response to Public Health Threats and Emergencies	9	84 (Optimal)
2.3 Laboratory Support for Investigation of Health Threats	8	95 (Optimal)
5.1 Governmental Presence at the Local Level	8	88 (Optimal)
8.2 Public Health Workforce Standards	9	100 (Optimal)
Quadrant IV (Low Priority/Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.		
1.2 Current Technology to Manage and Communicate Population Health Data	8	71 (Significant)
1.3 Maintenance of Population Health Registries	8	75 (Significant)
2.1 Identification and Surveillance of Health Threats	9	72 (Significant)
3.2 Health Communication	9	51 (Significant)
3.3 Risk Communication	9	55 (Significant)
4.1 Constituency Development	7	48 (Moderate)
5.2 Public Health Policy Development	8	35 (Moderate)
6.1 Review and Evaluation of Laws, Regulations, and Ordinances	9	69 (Significant)
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	9	58 (Significant)
6.3 Enforcement of Laws, Regulations, and Ordinances	9	75 (Significant)
8.1 Workforce Assessment, Planning, and Development	9	9 (Minimal)
8.4 Public Health Leadership Development	8	24 (Minimal)
9.3 Evaluation of the Local Public Health System	9	25 (Minimal)
10.1 Fostering Innovation	9	41 (Moderate)
10.3 Capacity to Initiate or Participate in Research	9	31 (Moderate)

Figures 8 and **9** (below) display Essential Services and model standards data within the following four categories using adjusted priority rating data:

> **Quadrant I** (High Priority/Low Performance) – These important activities may need increased attention.
> **Quadrant II** (High Priority/High Performance) – These activities are being done well, and it is important to maintain efforts.
> **Quadrant III** (Low Priority/High Performance) – These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.
> **Quadrant IV** (Low Priority/Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.

The priority data are calculated based on the percentage standard deviation from the mean. Performance scores in the "optimal" range (76 or above) are displayed in the "high" performance quadrants. All other levels are displayed in the "low" performance quadrants. Essential Service data are calculated as a mean of model standard ratings within each Essential Service. In cases where performance scores and priority ratings are identical or very close, the numbers in these figures may overlap. To distinguish any overlapping numbers, please refer to the raw data or Table 4.

Figure 8: Scatter plot of Essential Service scores and priority ratings



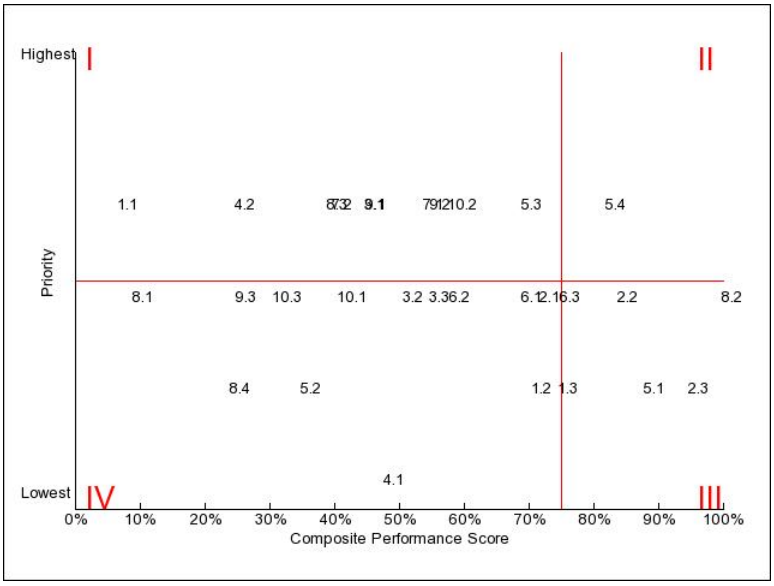
I (High Priority/Low Performance) – may need increased attention.

II (High Priority/High Performance) – important to maintain efforts.

III (Low Priority/High Performance) – potential areas to reduce efforts.

IV (Low Priority/Low Performance) – may need little or no attention.

Figure 9: Scatter plot of model standards scores and priority ratings



I (High Priority/Low Performance) – may need increased attention.

II (High Priority/High Performance) – important to maintain efforts.

III (Low Priority/High Performance) – potential areas to reduce efforts.

IV (Low Priority/Low Performance) – may need little or no attention.

APPENDIX: RESOURCES FOR NEXT STEPS

The NPHPSP offers a variety of information, technical assistance, and training resources to assist in quality improvement activities. Descriptions of these resources are provided below. Other resources and websites that may be of particular interest to NPHPSP users are also noted below.

- **Technical Assistance and Consultation** - NPHPSP partners are available for phone and email consultation to state and localities as they plan for and conduct NPHPSP assessment and performance improvement activities. Contact 1-800-747-7649 or phpsp@cdc.gov.

- **NPHPSP User Guide** - The NPHPSP User Guide section, "After We Complete the Assessment, What Next?" describes five essential steps in a performance improvement process following the use of the NPHPSP assessment instruments. The NPHPSP User Guide may be found on the NPHPSP website www.cdc.gov/od/ocphp/nphpsp.

- **NPHPSP Online Tool Kit** - Additional resources that may be found on, or are linked to, the NPHPSP website (www.cdc.gov/od/ocphp/nphpsp/) under the "Post Assessment/ Performance Improvement" link include sample performance improvement plans, quality improvement and priority-setting tools, and other technical assistance documents and links.

- **NPHPSP Online Resource Center** - Designed specifically for NPHPSP users, the Public Health Foundation's online resource center (www.phf.org/nphpsp) for public health systems performance improvement allows users to search for State, Local, and Governance resources by model standard, essential public health service, and keyword. Alternately, users may read or print the resource guides available on this site.

- **NPHPSP Monthly User Calls** - These calls feature speakers and dialogue on topics of interest to users. They also provide an opportunity for people from around the country to learn from each other about various approaches to the NPHPSP assessment and performance improvement process. Calls occur on the third Tuesday of each month, 2:00 – 3:00 ET. Contact phpsp@cdc.gov to be added to the email notification list for the call.

- **Annual Training Workshop** - Individuals responsible for coordinating performance assessment and improvement activities may attend an annual two-day workshop held in the spring of each year. Visit the NPHPSP website (www.cdc.gov/od/ocphp/nphpsp/) for more information.

- **Improving Performance Newsletter** and the **Public Health Infrastructure Resource Center at the Public Health Foundation** - This website (www.phf.org/performance) presents tools and resources that can help organizations streamline efforts and get better results. A five minute orientation presentation provides an orientation on how to access quality improvement resources on the site. The website also includes information about the Improving Performance Newsletter, which contains lessons from the field, resources, and tips designed to help NPHPSP users with their performance management efforts. Read past issues or sign up for future issues at: www.phf.org/performance.

- **Mobilizing for Action through Planning and Partnerships (MAPP)** - MAPP has proven to be a particularly helpful tool for sites engaged in community-based health improvement planning. Systems that have just completed the NPHPSP may consider using the MAPP process as a way to launch their performance improvement efforts. Go to www.naccho.org/topics/infrastructure/MAPP to link directly to the MAPP website.